



EXPRESS MAIL NO. EV336670646US

PTO/SB/22 (06-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 249768021US	
Application Number 09/538,679-Conf. #8745		Filed March 30, 2000	
For AUTOMATICALLY IDENTIFYING SIMILAR PURCHASING OPPORTUNITIES			
Art Unit 3627		Examiner S. B. McAllister	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check which includes the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0665. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 55,828			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)			
<u>Michelle Sarruf</u> Signature		<u>10/14/04</u> Date	
<u>Michelle C. Sarruf</u> Typed or printed name		<u>(206) 359-8000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

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